

OHA - DWS

Membrane Filter Monthly Operating Report

County: **Wasco**

System Name: **Young Life**

Month/Year: **Sep-2024**

PWS ID#: 41 - **01246**

Minimum test pressure applied: **20** psi

Plant ID: WTP - **A**

Minimum test pressure req'd: **18.21** psi

(e.g., "A")

DIT = Direct Integrity Test on filter(s) [Yes, No, or "off" if all filters are offline] ⇔

PDR = Pressure Decay Rate

LRC = Log Removal Credit

PDR_{Max} [psi/min]

0.098

LRC [log removal]

4.00

DIT
Daily

Day	CFE Daily Turbidity [NTU]	Highest CFE* [NTU]	Highest IFE [NTU]	Highest PDR of day [psi/min]	Lowest LRV _{ambient} of day [log removal]	[Y/N] or "off"
1			0.072	0.020	4.749	Y
2			0.049	0.015	4.748	Y
3			0.016	0.021	4.659	Y
4			0.018	0.020	4.688	Y
5			0.039	0.016	4.778	Y
6			0.016	0.018	4.731	Y
7			0.016	0.020	4.677	Y
8			0.016	0.016	4.676	Y
9			0.016	0.016	4.787	Y
10			0.050	0.017	4.748	Y
11			0.016	0.015	4.807	Y
12			0.061	0.016	4.723	Y
13			0.038	0.010	4.723	Y
14			0.016	0.017	4.749	Y
15			0.016	0.018	4.742	Y
16			0.016	0.017	4.758	Y
17			0.068	0.016	4.707	Y
18			0.017	0.018	4.711	Y
19			0.016	0.018	4.705	Y
20			0.016	0.018	4.700	Y
21			0.053	0.017	4.709	Y
22			0.051	0.018	4.715	Y
23			0.048	0.020	4.673	Y
24			0.016	0.016	4.771	Y
25			0.016	0.017	4.711	Y
26			0.017	0.016	4.772	Y
27			0.017	0.015	4.797	Y
28			0.017	0.015	4.802	Y
29			0.017	0.018	4.732	Y
30			0.045	0.018	4.732	Y
31						

Compliance summary (operator to complete any blank fields)

95% of daily turbidity readings ≤ 1 NTU? [Y/N] Yes	All turbidity readings ≤ 5 NTU? [Y/N] Yes	All IFE turbidity readings ≤ 0.15 NTU? [Y/N] Yes	Performance std met? [Y/N] (PDR ≤ PDR _{Max} , LRV ≥ LRC) Yes	DIT Daily? Yes
CT's met daily? (p. 2) Yes	All Cl ₂ residual at EP ≥ 0.2 mg/L? Yes	PDR ≤ PDR _{Max} ? Yes	LRV _{ambient} ≥ LRC? Yes	

PRINTED NAME: **John Gastineau**

SIGNATURE: *John Gastineau*

Notes:

DATE: **10/8/24**

WT CERT #: **T-08855**

PHONE #: **541-489-3100**

Disinfection Monthly Operating Report

System Name: Young Life

PWS ID#: 41 - 01246

4.0

↳ Log Inactivation Required via Disinfection

Plant ID: WTP - A

Month/Year: Sep-2024

Day	Minimum Cl ₂ Residual at 1 st User (C) * [mg/L = ppm]	Contact Time (T) [minutes]	Actual CT C x T (Formula)	Temp [°C]	pH	Required CT (Formula)	CT Met? * [Yes / No] (Formula)	Peak Hourly Demand Flow [GPM]	Notes (e.g. "Plant Off")
1	0.8	162	129.6	21.0	7.6	2.8	Yes	155	
2	0.8	162	129.6	21.2	7.6	2.8	yes	146	
3	0.7	162	113.4	21.4	7.5	2.8	Yes	124	
4	0.6	162	97.2	21.4	7.6	2.8	Yes	118	
5	0.7	162	113.4	21.3	7.5	2.8	Yes	121	
6	0.6	162	113.4	21.3	7.5	2.8	Yes	115	
7	0.8	162	129.6	21.3	7.5	2.8	Yes	121	
8	0.8	162	129.6	21.1	7.5	2.8	Yes	116	
9	0.7	162	113.4	21.0	7.5	2.8	Yes	116	
10	0.7	162	113.4	20.8	7.5	3.0	Yes	115	
11	0.7	162	113.4	21.0	7.5	2.8	Yes	112	
12	0.7	162	113.4	20.9	7.5	3.0	Yes	115	
13	0.7	162	113.4	20.3	7.5	3.0	Yes	125	
14	0.7	162	113.4	20.2	7.6	3.0	Yes	126	
15	0.8	162	129.6	20.0	7.5	3.0	Yes	138	
16	0.7	162	113.4	19.8	7.5	3.2	Yes	118	
17	0.6	162	97.2	19.5	7.5	3.2	Yes	117	
18	0.6	162	97.2	19.1	7.5	3.2	Yes	142	
19	0.6	162	97.2	19.1	7.5	3.2	Yes	124	
20	0.6	162	97.2	19.8	7.6	3.4	Yes	131	
21	0.7	162	113.4	19.2	7.5	3.2	yes	154	
22	0.8	162	129.6	19.2	7.5	3.2	yes	178	
23	0.9	162	145.8	19.0	7.5	3.2	Yes	141	
24	0.8	162	129.6	19.1	7.5	3.2	Yes	132	
25	0.7	162	113.4	19.1	7.5	3.2	Yes	129	
26	0.7	162	113.4	19.2	7.5	3.2	Yes	124	
27	0.7	162	113.4	19.3	7.5	3.2	Yes	123	
28	0.7	162	113.4	19.3	7.5	3.2	yes	115	
29	0.7	162	113.4	19.4	7.4	3.2	yes	119	
30	0.6	162	97.2	19.3	7.5	3.2	Yes	118	
31		162							

* If chlorine concentration at entry point < 0.2 mg/L, or CT not met, notify DWS within 24 hours.

Submit this monthly report by the 10th of following month by

mail: Drinking Water Services

email: dwp.dmce@odhsoha.oregon.gov
 fax: 971-673-0458

OHA - Drinking Water Services - Surface Water (UVT)

System Name: Young Life

PWS ID#: 41-01246

County: Wasco


Month/Year: September 2024

Minimum UVT [%] during month: 89.2

Duty sensor variation from reference sensor: 1.0

Minimum Validated UVT: 79.9%

Date	Peak Hourly Flow	Minimum Dosage	All Lamps On?	Daily Water Produced {A}	Cumulative Water Produced	Water outside Validated Conditions {B}	Cumulative % Off-Spec Water Produced
	[gpm/unit]	[^{mJ} /cm ²]	[Y or N]	[gal]		[gal]	(Mo. Sum {B}) ÷ (Mo. Sum {A}) * 100[%]
1	102	38	Y	127,090	127,090	0	0.0000%
2	84	48	Y	105,480	232,570	0	0.0000%
3	77	48	Y	84,570	317,140	0	0.0000%
4	75	55	Y	66,760	383,900	0	0.0000%
5	77	48	Y	77,510	461,410	0	0.0000%
6	81	48	Y	68,040	529,450	0	0.0000%
7	82	51	Y	80,280	609,730	0	0.0000%
8	82	44	Y	80,500	690,230	0	0.0000%
9	75	52	Y	72,170	762,400	0	0.0000%
10	77	48	Y	50,920	813,320	0	0.0000%
11	75	53	Y	55,160	868,480	0	0.0000%
12	77	47	Y	98,650	967,130	0	0.0000%
13	75	53	Y	79,570	1,046,700	0	0.0000%
14	85	52	Y	95,980	1,142,680	0	0.0000%
15	81	47	Y	81,190	1,223,870	0	0.0000%
16	81	49	Y	66,630	1,290,500	0	0.0000%
17	80	48	Y	77,010	1,367,510	0	0.0000%
18	74	44	Y	76,400	1,443,910	0	0.0000%
19	78	39	Y	72,680	1,516,590	0	0.0000%
20	84	35	Y	80,190	1,596,780	0	0.0000%
21	78	40	Y	99,100	1,695,880	0	0.0000%
22	72	40	Y	112,390	1,808,270	0	0.0000%
23	72	36	Y	120,600	1,928,870	0	0.0000%
24	81	53	Y	73,780	2,002,650	0	0.0000%
25	79	53	Y	77,510	2,080,160	0	0.0000%
26	77	52	Y	66,920	2,147,080	0	0.0000%
27	74	55	Y	72,710	2,219,790	0	0.0000%
28	77	57	Y	71,820	2,291,610	0	0.0000%
29	84	47	Y	64,730	2,356,340	0	0.0000%
30	80	52	Y	72,750	2,429,090	0	0.0000%
31							
Monthly Cumulative % Off-Spec Water Produced							

Signature 

Op. Cert.#: T08855 D08856

Date: 10/8/24